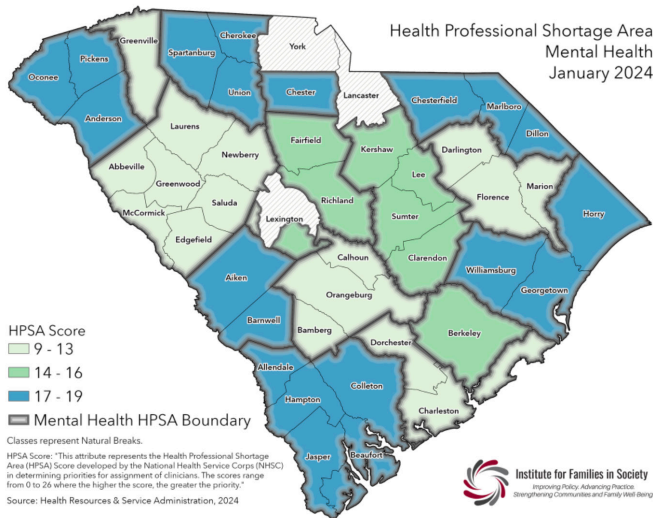


Navigating Challenges in Rural School Mental Health: Perspectives and Recommendations from South Carolina Practitioners



Youth Mental Health and the Role of Rural Schools in Providing Mental Health Care

Youth mental health is an escalating concern in the United States (US; Murthy, 2021). Although mental health issues are similarly prevalent among urban and rural youth populations (Centers for Disease Control and Prevention [CDC], 2024), rural youth encounter substantial barriers to accessing care. These obstacles include limited mental healthcare and preventive services due to geographic isolation (Andrilla et al., 2018; Crouch et al., 2023), lack of transportation even when services are available (CDC, 2024), limited broadband and technology for telehealth (Vogels, 2021), and financial or insurance challenges (Crouch et al., 2023). Additional factors such as stigma around mental health care in rural areas, privacy concerns, and distrust of providers further complicate access (Ferris-Day et al., 2021; Morales et al., 2020).



This map shows the distribution of mental health professional shortages across the state. The HPSA scores range from 0 to 26 where the higher the score, the greater the priority.

Given these challenges, schools play a vital role in providing mental health services, as they can help alleviate access barriers. However, school mental health providers, such as school social workers, counselors, psychologists, and others working in rural settings face additional complexities: they are often overextended and under-resourced, have limited options for referrals to local providers, work in settings where mental health awareness among staff, students, and parents is low, and must navigate the unique cultural needs of families (Bain et al., 2011; O'Malley et al., 2018; Owens et al., 2012; Wilger, 2015). These cumulative challenges can lead to feelings of overload for providers, raising concerns around burnout and retention of school mental health professionals in rural areas (Lee et al., 2009).

One way practitioners can be supported is by connecting with and receiving guidance from others in similar roles (Carnes, 2023). However, the isolation often experienced by rural school mental health professionals—where they may be the only, or one of a few, practitioners—can limit their ability to connect with peers in their immediate environment. This practice brief draws on interviews with 15 rural school mental health professionals in South Carolina (SC) to explore the challenges they face and the types of support they find most helpful in addressing these obstacles.

Interviews with Rural School Mental Health Providers

In spring 2024, the authors conducted interviews with 15 school mental health providers working in rural schools across SC to examine: 1) how their rural setting influences their work and 2) the specific challenges they face, as well as the supports they find helpful in addressing those challenges. Participants were asked questions such as, "What challenges do you face as a school mental health provider in a rural school district?" and "What types of training or additional supports could assist you in your role?"



This is a visual representation of where participants came from across SC. The stars on the map represent that the participant was providing school mental health services within the county, and is not an exact location of the district they work in.

Of the 15 participants, the majority identified as female (87%) and were, on average, 40 years old. They reported an average of 8.9 years of total experience as a school mental health professional (range 1-19 years) and had worked in their current school settings for an average of 6.4 years (range 1-16 years). Using an inductive approach, we analyzed interview transcripts to identify patterns and recurring themes in participants' responses to better understand how their rural location influences their practice, the challenges and needs they face, and the supports that help mitigate those challenges.

Study Findings and Recommendations for Rural School Mental Health Providers

This section of the practice brief provides an overview of study findings to illuminate the unique experiences and challenges of working as a rural school mental health professional and offers practical suggestions and tools for practitioners navigating this context. Specifically, this brief will address resources, mental health education and stigma, family engagement, and the school mental health professionals' own mindset and outlook.

Resources Study Findings

Resource shortages are common in rural areas. Practitioners from our study consistently highlighted a shortage of resources in their schools and local communities. Their schools often lacked general mental health resources, Spanish-speaking professionals, and dedicated counseling spaces. In the broader community, shortages of mental health care, food banks, shelters, and thrift stores were common. School mental health professionals frequently attributed these shortages to the rural location, where schools had limited funding for necessary mental health services and families had little access to care in their community, either due to its absence altogether or because of financial or transportation barriers.

"It's... just systemic stuff ... Of not having enough food, not having good transportation, not having access to fun stuff – to much of anything.... I think that being in a rural area, or, you know, our internet coverage is not great... we still got families on, like, dial up kind of connections, or trying to do stuff on cell phone hotspots, and it's just unreliable."

Recommendations

As school mental health practitioners consider ways to manage resource shortages in the school and surrounding community, consider building partnerships with local community organizations to supplement available resources for students and families. Interviewed practitioners found that while local churches, sheriff's departments, and other organizations were useful sources for items such as school supplies and clothing, many noted that rural areas have fewer community partners compared to urban areas, highlighting the broader resource disparities previously discussed. To address these gaps, providers emphasized the importance of connecting with colleagues within their own or nearby schools to share resources and collaborate in supporting students. Additionally, these connections provided crucial moral support, helping to alleviate some of the emotional strain caused by the resource shortages they faced.

Navigating Challenges in Rural School Mental Health

The Community Collaboration Model (CCM) for School Improvement is an example of a helpful tool for conceptualizing how supports across multiple sectors can help schools meet the holistic needs of students (Anderson-Butcher et al., 2022). For more information about the CCM for School Improvement, please visit:

<https://cayci.osu.edu/initiatives/community-collaboration-model/>

Mental Health Education and Stigma Study Findings

In rural areas, families and school staff may have limited awareness and knowledge about mental health concerns, which contributes to misperceptions and stigma surrounding mental health and school-based mental health initiatives. In our study, practitioners emphasized the need for increased mental health education for teachers, administrators, and families. They explained how the lack of education leads to stigmatizing views of children with mental health concerns, such as seeing them as "bad kids" or attention-seeking. Additionally, parents who misunderstood the role of school mental health professionals, associating them with child welfare agencies, hesitated to consent to mental health care for their children. Teachers, already overwhelmed by their responsibilities, often lacked the energy to be open-minded about new mental health initiatives or to support the school mental health professional in taking students out of class for services.

Notably, those who discussed these matters during their interviews did so with great empathy for the situation and backgrounds of these stakeholders. In rural areas, limited mental health resources in schools and communities lead to less exposure to mental health conversations, resulting in a lack of understanding and, in some cases, negative perceptions. Additionally, the close-knit nature of rural communities can amplify stigma, with families reluctant to seek care for fear of others finding out.

I would love to see our teachers, you know, or principals, whoever, if they see a kid struggling like they're reaching out right away, they're not waiting until that kid's in trouble before they say anything. I just feel like they don't have enough knowledge to even sometimes know that the kids are struggling. They just see it as defiance, when that's not really what it is most of the time. All behavior is communication. These kids are communicating. They're just not doing it in a way that the adults understand.

Recommendations

To address these challenges, providing education and training for school staff and families is essential. While educating individuals is beneficial, hosting professional development sessions for teachers or family mental health workshops can broaden awareness, reduce stigma, and foster a sense of community through collective learning and normalization of mental health-related conversations. School mental health professionals, especially those present in schools part-time, should also focus on building relationships with these stakeholder groups and becoming actively involved in the school community. Participants in our study described these relationships as crucial for reducing stigma around mental

health and gaining support for mental health initiatives. For families, being a familiar, trusted presence can strengthen the therapeutic alliance.

Helpful evidence-based mental health literacy programs for parents and staff include those from:

National Institute of Mental Health
<https://www.nimh.nih.gov/get-involved/digital-shareables/mental-health-resources-for-students-and-educators>

MentalHealthLiteracy.org
<https://mentalhealthliteracy.org/>

Mental Health Collaborative
<https://www.mentalhealthcollaborative.org/>

Family Engagement

Study Findings

Rural families are at increased risk for poverty and face other unique challenges given their geographic isolation including lack of transportation and internet/broadband access – all of which can impact their ability to engage in services. Parents and caregivers may work multiple jobs and lack the necessary time to meet physically or virtually for family sessions or may be unable to obtain transportation to their child’s school, which is often many miles away from their residence. Many participants described these as systemic issues that impact the family and the student alike.

“Getting those parents involved it’s gonna take... it’s gonna take a lot. It just takes so many more times with that child having more and more issues for the parent to finally see that you handling it on your own is just not working.”

Recommendations

The school mental health practitioners interviewed for the study found it imperative to be patient with families, validate their experiences and the challenges that prevent them from engaging in services, and make efforts to meet with them in ways that work for them. When working with rural families that struggle to schedule or attend appointments, consider offering multiple options – including virtual or phone meetings, going to their house, or meeting after morning drop-off at school – and being flexible when challenges arise in keeping those commitments. Given that family support of mental health services may be challenging in the first place, hearing the perspective of family members and meeting them where they are at, rather than jumping to judgement or frustration, can be a helpful place to start.

The South Carolina Department of Education (SCDE) Family and Community Engagement (FACE) Program provides valuable guidance for strengthening family engagement efforts, with its Family Engagement K–12 Framework being an especially useful tool.
<https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Aascds%3AUS%3A3d07c228-f1b8-4405-8040-a63315244283>

The School Mental Health Professionals’ Own Mindset and Attitudes

Study Findings

In our interviews with practitioners, we did not specifically ask how they internally manage the stress that comes with their challenges, but many participants highlighted the importance of maintaining a healthy attitude and mindset when discussing the supports they rely on. While external strategies – such as obtaining resources or hosting trainings – can help manage challenges, having internal tools and coping methods is essential to supporting practitioner mental health. Many providers emphasized the importance of maintaining a positive, realistic, and hopeful perspective, approaching challenges with openness and enthusiasm. During tough moments, practitioners found it helpful to recall their initial motivation for becoming school mental health professionals and remind themselves that not every day will be easy. Some relied on prayer or meditation to cope, helping them maintain resilience and a positive outlook.

“It’s all about having the mindset of just being willing to change, willing to grow, willing to do something different. And that’s one of the biggest issues you may even come across, when it comes to rural areas – is just the mindset of this is how we’ve done things, and this is how it’s worked for us. But what if you can improve on something more than what you see right now – what’s really available for you? And are you willing to go get it? Are you willing to invest in your families, in your students, in your community – knowing you might be ostracized, but in the long run, it’s gonna be beneficial for everybody else?”

Recommendations

Self-care is critical for preventing burnout and cultivating attitudes and mindsets that help professionals stay grounded in stressful moments. There is no “one right” outlook – what matters is finding strategies that work for you. For some, positive self-talk may be most helpful, while others may find comfort in reminding themselves that “this too shall pass.” Some school mental health professionals may benefit from talking to coworkers when feeling frustrated, while others may prefer time alone or taking a few minutes to practice deep breathing.

Practitioners can find a toolkit of self-care resources – including yoga and mindfulness practices, stress management skills, and other evidence-based practices – at <https://www.hopewwr.com/>.

Conclusions

Given the increasing concern about rural youth mental health and the lack of available care in rural communities, schools are critical settings for providing mental health support to students in need. In addition, the well-being and retention of school mental health professionals are essential to helping students. As such, this practice brief aimed to validate the experiences of rural practitioners and offer practical recommendations for addressing these challenges informed by interviews with providers working across SC rural schools.

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